



## Application for a Water Right Permit

For Ecology Use  
(Date Stamp)

13 NOV -1 A9:17

DEPT. OF ECOLOGY  
FISCAL & BUDGET

Follow the attached instructions. Attach additional sheets as necessary.

- ☐ GROUND WATER ☒ SURFACE WATER  
☐ PERMANENT ☐ SHORT TERM ☐ TEMPORARY  
☐ DROUGHT

\*A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION.

### Section 1. APPLICANT

☒ I have participated in a pre-application conference with Ecology.

Applicant/Business Name: <i>Don R. Rasmussen</i>	Phone No: <i>509-965-1003</i>	Other No: <i>509-952-4155</i>
Address: <i>5802 Scenic Ridge Loop</i>		
City: <i>Yakima</i>	State: <i>WA</i>	Zip: <i>98908</i>
Email Address (if available): <i>donrasman@gmail.com</i>		

Contact Name (if different from above):	Phone No:	Other No:
Relationship to Applicant:		
Address:		
City:	State:	Zip:
Email Address (if available):		

Legal Land Owner or Part Owner Name of the Proposed Place of Use: <i>Don R. Rasmussen</i>	Phone No: <i>509-965-1003</i>	Other No: <i>509-952-4155</i>
Address: <i>211 Gooseprairie Ln.</i>		
City: <i>Gooseprairie</i>	State: <i>WA</i>	Zip: <i>98937</i>
Email Address (if available): <i>donrasman@gmail.com</i>		

For Ecology Use	APPLICATION NO: <i>34-35655</i>		SEPA: Exempt/Not Exempt
	Fee Paid: <i>50.00</i>	Check No: <i>1243</i>	ECY Coding: 001-001-WR1-0285-000011
Date Returned		By	Priority Date <i>11-01-2013</i> By <i>[Signature]</i> WRIA: <i>38 YAKIMA</i>
Pre-application interviewer:			

## Section 2. STATEMENT OF INTENT

Do you own the land on which the proposed point of diversion/withdrawal is located? ☒ YES ☐ NO  
If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Briefly describe the purpose of your proposed project: Use of Webb's Spring  
Surface water

Anticipated length of time to complete your project: lifetime

**Water Use** List all purposes for which water will be applied to a beneficial use and list quantity required for each.

Purpose(s) of Use	Rate (check one box only)	Acre-Feet per Year (AF/YR) (If known)	Period of Use (Continuously or Seasonal)
	<input type="checkbox"/> Cubic Feet per Second (CFS) <input checked="" type="checkbox"/> Gallons per Minute (GPM)		
Domestic - indoor	10 gpm	0.001	Seasonal
		consumptive	
TOTAL:		0.001 AFY	

### Short Term/Temporary Water Use

Is this a request for a short term project (less than four months and non-recurring)? ☐ YES ☒ NO

Is this request for a temporary permit? ☐ YES ☒ NO

If yes to either question above, indicate the dates that the water will be needed:

FROM: \_\_\_/\_\_\_/\_\_\_ TO: \_\_\_/\_\_\_/\_\_\_

## Section 3. POINT OF DIVERSION OR WITHDRAWAL

(Complete A or B, and C below)

<b>A.) If Surface Water Source</b> <input checked="" type="checkbox"/> Spring <input type="checkbox"/> Creek <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Other: _____ Source Name: <u>Webb's Spring</u> Tributary to: _____ Number of proposed diversion points: <u>1</u> Do you have an existing diversion? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>B.) If Ground Water Source</b> <input type="checkbox"/> Well(s) <input type="checkbox"/> Other: _____ Well diameter & depth: _____ Number of proposed points of withdrawal: _____ Do you have an existing well? <input type="checkbox"/> YES <input type="checkbox"/> NO If available, attach Water Well Report and pump test. Well Tag ID No. _____
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C.) Point of Diversion/Withdrawal – Legal Description						
Parcel No.	¼	¼	Section	Township	Range	County
11409						YAKIMA
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West) <i>See attachments</i> from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ) corner of Section _____.						
Parcel No.	¼	¼	Section	Township	Range	County
11409	NW	NE	12	16 N	12 E.W.M.	YAKIMA
Lot(s)	Block(s)		Subdivision			
If known, enter the distances in feet from the point of diversion or withdrawal to the nearest section corner: _____ feet ( <input type="checkbox"/> North/ <input type="checkbox"/> South) and _____ feet ( <input type="checkbox"/> East/ <input type="checkbox"/> West) from the ( <input type="checkbox"/> NW <input type="checkbox"/> SW <input type="checkbox"/> NE <input type="checkbox"/> SE <input type="checkbox"/> ) corner of Section _____.						

NOTE: If more than two points of diversion/withdrawal attach additional information on a separate sheet of paper.

#### Section 4. PLACE OF USE

Attach a copy of the legal description of the property (on which the water will be used) taken from a real estate contract, property deed or title insurance policy, or copy it carefully in the space below.

<i>See attachments</i>						
¼	¼	Section	Twp.	Range	County	Parcel No.
					YAKIMA	11409

Do you own all the lands on which the proposed place of use is located? ☒ YES ☐ NO.

If no, do you have legal authority to make this application for use of another's land? ☐ YES ☐ NO

Provide owner name(s), address, and phone number: \_\_\_\_\_

Are there any other water rights or claims associated with this property or water system? ☒ YES ☐ NO

If yes, provide the water right and/or claim numbers: *N.A.*

Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.

## Section 5. WATER SYSTEM DESCRIPTION

Describe your proposed water system (include type and size of devices used to divert or withdraw water from source):

Water is collected a stainless steel box, then piped into a concrete reservoir approx. 240 cu. ft., then piped downhill to multiple diversion points including the one for which this application is for. The diversion point for this application is an underground  $\frac{1}{2}$  in. connection with an underground on/off valve. The valve is closed and house water pipes drained each late fall when house is closed for the winter.

## Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION

(Complete A or B, and C below)

A.) Domestic Water Systems only	B.) Municipal Water Systems only (defined under RCW 90.03.015)
Projected number of connections to be served: 1	Present population to be served water: _____
Type of connections: <u>recreational cabin</u> (e.g., home, recreational cabin)	Estimate future population to be served: _____ (20 year projection)
<b>C.) Water System Planning</b>	
Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? <input type="checkbox"/> YES <input type="checkbox"/> NO <u>NOT KNOWN</u>	
If yes, date plan was approved ____/____/____ Water System Number: _____	
Name of water system: _____	
Are you within the service area of an existing water system? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, explain why you are unable to connect to the system: _____ _____ _____ _____	

Other Use

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**Section 9. WATER STORAGE**

Will you be using a dam, dike, or other structure to retain or store water? ☒ YES ☐ NO

Are you proposing to store more than 10 acre-feet of water? ☐ YES ☒ NO

Will the water depth be 10 feet or more? ☐ YES ☒ NO

If you answered yes to any of the above questions, please describe:

Existing Webb's Spring - 240 cu. ft. concrete reservoir

*NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a Reservoir and a Dam Construction Permit and Application.*

**Section 10. DRIVING DIRECTIONS**

Provide detailed driving directions to the project site: From Naches, WA :

Drive west on Hwy 12/410 to dividing junction,  
then on Hwy 410 to Bumping Lake turn-off,  
then 8 miles to Gooseprairie, then right on  
Gooseprairie Ln., then right to corner of property.

Site Address:

211 Gooseprairie Ln.  
Gooseprairie, WA 98937

## Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

Don R. Rasmussen

Print Name  
(Applicant or authorized representative)

Don R. Rasmussen

Signature

11/1/13

Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name  
(Legal Owner or Part Owner Place of Use)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please check the region in which the project is located:

<p><b>*Submit your application to:</b></p> <p>DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611</p>	<input checked="" type="checkbox"/> <b>Central Regional Office</b> 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> <b>Eastern Regional Office</b> 4601 N. Monroe Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> <b>Northwest Regional Office</b> 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> <b>Southwest Regional Office</b> PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

If you need this document in an alternate format, please call the Water Resources Program at 360-407-6872.  
Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.

If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.

